

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COMMITTEE NAME

Official Name of Committee		
Committee to Elect Edgar Allen Blow for Supervisor		
Street		
2704 Division		
City, State, Zip Code		
Burlington IA 52601		
Area Code	Telephone	
(319)	754-4963	

Effective date of dissolution:

January 2, 20 03

Honey J Rowley

Signature of Treasurer

1-2-03

Date Signed

Des Moines

FORM	(Rev. 02/96)
DR-3	
NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	17145
Indexed	<i>SW</i>
Audited	
Computer	
Certified Date of Dissolution	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Edgar A. Blow

Signature of Candidate - Required for Candidate's Committee

01-03-03

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.